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RESEARCH

Política nacional de atenção integral a saúde do homem: visão dos gestores do SUS

Politica nacional de atención integral a la salud del hombre: la visión de los gerentes de SUS

National policy health care of man: vision of managers of SUS

Edlamar Kátia Adamy¹, Letícia de Lima Trindade², Daiane Cristina Teixeira³, Daiane Kutzepa Brambilla⁴, Kiciosan Bernardi Galli⁵

ABSTRACT

Objective: the objective was to know how is the implementation of the National Policy Health Care of Man (NPHCH) from the perspective of the managers of the Unified Health System in seventeen cities in the west of Santa Catarina in southern Brazil. **Method:** This is a qualitative exploratory and descriptive search, which was attended by fifteenth managers. For data collection we used a semi-structured interview. **Results:** The results point to weaknesses in the discourse on knowledge of the policy Point and other devices on that drive Primary Care in Brazil. The actions carried out in the municipalities are focused on the detection of prostate cancer, increasing the number of specialist medical consultation and in control of some chronic diseases. **Conclusion:** This study highlights the need to train managers and various investments for the implementation and consolidation of NPHCH the reality studied. **Descriptors:** Men's health, Public policy, Primary health care.

RESUMO

Objetivo: Conhecer como está a implantação da Política Nacional de Atenção Integral à Saúde do Homem (PNAISH) sob a ótica dos gestores do Sistema Único de Saúde em 15 municípios do oeste de Santa Catarina, no sul do Brasil. **Método:** Trata-se de uma pesquisa qualitativa de caráter exploratório e descritivo. Para a coleta dos dados utilizou-se uma entrevista semi-estruturada. **Resultados:** Apontam fragilidades no discurso sobre o conhecimento da Política e sobre outros dispositivos que orientam a Atenção Básica no Brasil. As ações realizadas nos municípios estão focadas na detecção do câncer de próstata, aumento do número de consulta médicas especializadas e no controle de algumas doenças crônicas. **Conclusão:** Evidencia-se a necessidade de capacitar os gestores e de diversos investimentos para implantação e consolidação da PNAISH na realidade pesquisada. **Descritores:** Saúde do homem, Políticas públicas, Atenção primária à saúde.

RESUMEN

Objetivo: El objetivo fue conocer cómo es la aplicación de la Política Nacional de Atención en Salud del Hombre (PNAISH) en la visión de los gestores del Sistema Único de Salud en 17 condados en el Oeste de Santa Catarina en el sur de Brasil. **Método:** Se trata de una investigación exploración cualitativa y descriptiva, a la que asistieron 15 administradores de la salud. Para la recolección de datos se utilizó una entrevista semi-estructurada. **Resultados:** Los resultados apuntan a debilidades en el discurso sobre el conocimiento de la política y otros dispositivos de la Atención Primaria de la Salud en Brasil. Las acciones realizadas en las ciudades se centran en la detección de cáncer de próstata, un mayor número de consultas de médico especialista y el control de ciertas enfermedades crónicas. **Conclusión:** Es evidente la necesidad de formar los directivos y diversas inversiones para la implantación y consolidación de PNAISH la realidad estudiada. **Descriptor:** Salud de los hombres, Políticas públicas, Atención primaria de salud.

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INTRODUCTION

Throughout history, the public health policies were geared to specific portions of the population such as women's health, children and the elderly. Historically, human health has been very shy on the agenda of health policies. As an attempt to minimize the distance that exists between the male population and health services, the Ministry of health (MS) created in August of 2008 the National Policy of Integral attention to men's health (PNAISH)⁽¹⁾.

This policy⁽¹⁾ devoted exclusively to health care of man aims to promote the improvement of health of Brazil's male population, contributing more effectively to the reduction of morbidity and mortality in this population, through the rational coping of risk factors and by facilitating access to actions and services of integral health assistance.

The PNAISH is in line with the National Policy on Primary Health Care (BANP), which is the gateway to the Unified Health System (SUS). Thus, it seeks to strengthen programs and services in networks, especially qualify the Primary Care (AB), so this is not limited to recovery, ensuring the promotion of health and prevention of preventable diseases⁽¹⁻³⁾.

The Policy guides the actions of comprehensive health care of the man, aimed at fostering self-care and the recognition that health is a social right for all Brazilian men. The literature⁴ argues that through this policy, the Ministry seeks to fulfill the role in the rescue of more effective actions in this population, strengthen the recognition and respect for human rights, according to their socio-cultural peculiarities and uniqueness of their needs and desires.

Initially the PNAISH was deployed in 26 Brazilian States, being a municipality by State. In Santa Catarina, Joinville was the first Municipality selected, followed by the municipalities of Florianópolis, Lages and Chapecó⁽⁵⁾. However, evident after about three years of its implementation that this policy is best viewed in only four counties of this State, and has not received investments for its expansion, which in part has been justified by the youthfulness of the same.

Another relevant aspect is the scarcity of existing textual productions on the subject, which hamper the monitoring and evaluation of this new health care proposal, which may illustrate ways to consolidation and development of actions directed to the health of the Brazilian man.

It is understood that, for the implementation of the PNAISH, the managers of the SUS in the municipal scope must meet the proposal, this is responsible for its implementation, development and adjustment, based on the principles of the SUS. It is extremely important that the Manager and the coaching staff to discuss health human health and include in the Municipal Health Plan and the priorities of the actions of the

municipality, establishing goals and providing financial resources for the implementation of this policy.

In this sense, the present research sought to know how is the deployment of PNAISH, from the perspective of municipal managers of the SUS in 15 Municipalities in the West of the State of Santa Catarina. Still, sought to identify the actions that have been developed in this region.

METHOD

It is a qualitative research of exploratory and descriptive character, performed by invitation to managers (municipal health Secretaries) of 15 municipalities that make up the Association of municipalities in the West of the State of Santa Catarina.

The data collection was carried out by means of a semi-structured interview, with a screenplay by questions. The realization of data collection took place between the months of July and August 2011. The interviews were scheduled and held during a visit to the city of origin of the Manager. These were recorded on the signing of the informed consent and authorization Term for Recordings by the subject of the search. After collecting the data, the interviews were transcribed and categorized by Thematic Content Analysis⁽⁶⁾.

The survey was submitted and approved by the Research Ethics Committee of the Universidade do Estado de Santa Catarina, under number 23/2011. For the identification of the subjects used the abbreviations G for managers followed by Arabic number from 1 to 15.

For the discussion of the findings used as reference to PNAISH⁽¹⁾ and the legal provisions that have guided the managers within the AB in health⁽⁷⁻⁸⁾. Findings emerged in six categories: managers' knowledge about the PNAISH; importance of implementation of PNAISH; Manager's role in the deployment and development of PNAISH; legal devices that guide the actions related to human health; financial resources directed to health care actions of man; actions developed by the municipality regarding men's health care.

RESULTS AND DISCUSSION

Participated in this study 15 municipal health managers of 15 municipalities, which occupy the position in the period that comprises between two months to 14 years, with an average of four years and five months experience in the management of health services of

the municipalities. Of these, eight respondents are formed or are attending higher education, vocational education and only two have five have only high school. The managers interviewed, only five have training in the area of health. Formally the occupancy in Office does not require that the professionals have training or experience in the area of health. In most Brazilian municipalities activity is occupied by a position of trust of the Mayor.

KNOWLEDGE OF MANAGERS ON THE PNAISH

The results indicate that 11 (73,3%) of managers know the PNAISH, three (20%) know partially and one (6,66%) said having no knowledge about the same. Of these, nine (60%) spoke on the prevention of diseases with emphasis on prostate cancer, five (33,3%) consider their knowledge by making a connection between human health and the health of the woman, seven (46,6%) and managers spoke of human health in your municipality, three (20%) and managers related PNAISH with the lack of financial resources to work actions and a manager talks about the integral health of man.

The prevention of diseases, mainly prostate cancer is touted as one of the biggest concerns in relation to human health, as elucidated in the following talks:

[...] Prevention of illness, particularly [cancer] prostate, that is a very big concern, because we already have cases and hasn't had a follow-up within the SUS. (G10).

In General, the managers mention as being objective of PNAISH the daily practice of the AB.

IMPORTANCE OF IMPLEMENTATION OF PNAISH

Managers emphasize the importance of this Public Policy, and the need to implement the same in their municipalities. Among the benefits that the PNAISH could bring to the population, was cited for five diseases prevention managers (33,3%), the economy of financial resources by four managers (26,6%), early detection of diseases like prostate cancer by four managers (26,6%) and decreased suffering in families for two of the managers (13,33%).

I think it's important, because in the future the men won't have as much prostate problem and won't have much more spent on health, because the man won't need more aggressive treatment. I think so well important Yes. We have to acquire always preventive policy. (G9). I think the biggest benefit is prevention. Don't let it happen the cases because it raises costs, disorders with the family. (G16).

MANAGER'S ROLE IN THE DEPLOYMENT AND DEVELOPMENT OF PNAISH

When questioned about his role in the deployment and development of PNAISH showed that, overall, the managers do not have clarity about their functions and powers necessary to assist in the implementation of this policy. These direct-if, almost exclusively, to actions for prevention. Any rescued aspects related to Providence funding, structural,

qualification of teams, formulating strategies for health promotion, among other things, punctuated in the publication of PNAISH, as calls for MS.

Being a facilitator. And again speak on prevention, because once you have the problem you administer, and you see the family is pretty complicated. (G16). We think as Manager develop policies to better serve both man and woman, child in order all stages, ages, anyway we try to develop policies to achieve all phases of the people, by the health units prevention, disclosure that need search units. In this sense our prevention work of Manager develops. (G2).

Only a manager made a timid action planning ratio as Manager's role in the conduct of Policy at the municipal level.

Practically almost everything, because when the Secretary do something and he puts into practice the professionals will abide by, when the Secretary stand nothing's going to happen. Is everything that happens here I'm trying to, what we can do for this, making meetings, the more I charge more happens. Always making budget, because no good want to do and stop because there's no budget. As I did in the beginning of the year to see what plan will be invested in human health. (G9).

LEGAL DEVICES THAT GUIDE THE ACTIONS AIMED AT MEN'S HEALTH

In relation to the ordinances regulating and guiding the implementation of actions on AB, just five managers (33,3%) mentioned the Health Pact, which guided the managers at the time of data collection. However, those who rescued the Pact ponder their limitations.

This is a compact, yet complicated, because all municipalities were forced to sign the Pact, but we have now a great difficulty to take over [...]. (G5).

Speech reveals the difficulty of managers in conducting the Health Pact no rescue other devices that can guide public policies geared to the attention to men's health.

FINANCIAL RESOURCES DIRECTED TO HEALTH CARE ACTIONS OF MAN

According to managers none of the municipalities receive specific financial resources directed to PNAISH. This aspect was also punctuated by the managers as justification for the shy or not deployment and policy development in the municipalities investigated.

The Ordinance nº 1.008 of May 4, 2010 financial resources related to PNAISH, determines seventy-five thousand dollars to the cities chosen by the Commission Intergestores Bipartite (CIBs) to actualize the pilot projects the implementation of politics, being the only info on financial resources made available by MS⁽¹⁾.

The managers interviewed, three commented on the difficulty of getting working man's health in the West of Santa Catarina, the lack of reference systems for medium and

high complexity, or even the lack of these, what constitutes a hindrance to act in actions of human health fully.

Here at least we only have 4 specialties with ambulatory SUS in the Far West, the cardiology [...], oncology [...], orthopedics and Neurology. [...] The other specialties today has in the region, unless you instruct it to a query of ent, ophthalmology on the SUS, so you go there to save 100,00 consultation, but you have to afford 250,00 transport [...]. So we have this deficiency and why we can't deploy an effective policy in the municipalities. If you don't you will create a demand that will surely exist, but you have no way to give a full support this demand [...]. (G5).

The survey of aspects related to resources revealed barriers viewed by managers in the implementation of the policy, such as scarcity of resources and reference network failures. Also shows the managers focus on curative assistance focused on ensuring medical consultation of various specialists as a way of ensuring the development of the policy, as illustrated in the line above.

ACTIONS DEVELOPED IN THE MUNICIPALITY CONCERNING ASSISTANCE TO MEN'S HEALTH

When asked about the actions developed in your municipality for human health integrated assistance, all managers mentioned the collection of examination of Prostate Antigen Test (PSA), nine (52,9%) of managers reported conducting educational lectures, especially with urologist; shares in hypertensive and diabetic groups were mentioned by four managers (23,5%) shares with information through community health Agents (ACS) held in three municipalities (17,6%) and second respondents, medical consultations has been associated for three managers (17,6%). It was mentioned the anti-tobacco program in two municipalities (11,7%) group with Alcoholics Anonymous in two (11,7%) and community academies in a municipality (5,9%).

One of the major concerns of managers regarding the PSA exam offer the population over 40 years and mostly for free. The municipality does not examine free forwards the via Consortium or the patient performs its payment. The actions generally happen in health education groups such as hypertensive and diabetic which holds the population with older age. Ratified in the following lines:

Now we have a PSA campaign, actually we always did, as the cases are appearing we're continuing. (G16). This year we did a budget and the man above 40 years, now from the next month won free prostate exam. (G9).

Another aspect mentioned by two managers was the importance of better exploitation of the work of the ACSs by the teams of health, mention that the actions of these workers are little effective and non-specific for human health.

Upon the findings concerning the profile of the managers who participated in the study, observe, initially, that the professional experience is an ally to the performance of the tasks of the public services manager. It is understood that the constant update and the

search for knowledge could assist in the consolidation of the Brazilian public Policies. In this sense, MS offers specialization courses for managers of SUS with the main intention to qualify them and has shown concern about this⁽¹⁾.

In general, the function of the manager is to deploy front PNAISH mechanisms of regulation of activities related to policy, coordinate, monitor and evaluate the PNAISH, prioritizing AB, as a gateway to a comprehensive and hierarchical health system, qualifying teams health to perform the actions proposed in PNAISH, among others⁽¹⁾. The statements of managers are confused as to show its function in the context of the implementation of actions to improve the health of man. This reveals the importance of increased awareness of same, the public and professionals regarding this Policy, which may partly explain the obstacles to its implementation and expansion in the country. This is also revealed in the difficulty of understanding the legal provisions that guide the conduct of public health efforts in the reality of municipalities. The period of data collection seemed meager tools that could assist progress in conducting activities/actions in favor of human health as well as guide the use of resources and scale priorities. Subsequently the research published MS Ordinance nº 2.488⁽⁷⁻⁸⁾ on October 21, 2011, which establishes and revises guidelines and standards for the organization of AB, for the ESF and the Programme of Community Health Workers (PACS). In part, this new device signals the weakness of the Pact for Health⁽⁷⁾ as a guiding device management in AB.

Analyzing the interviews, when he mentioned the medical consultations and actions in hypertensive and diabetic groups, shows that healthcare is focused on biomedical model, which they argued the model proposed by the ESF, which prioritizes the promotion of health and prevention of illness.

The global analysis of the findings revealed that managers associate PNAISH, exclusively for carrying out actions of detection of prostate cancer, to offer medical consultation by experts and the care of patients with chronic diseases, especially the Systemic Arterial Hypertension (SAH) and Diabetes Mellitus (DIA). The particulars are shy about prevention of disease and promotion of health of men actually searched.

Authors⁽⁹⁾ remember that the female population stands out for the increased demand for health services, as well as in chronic diseases monitoring record degenerative. Ponder that this is due to the existence of several health programs specific to the female and scarcity of actions specific to males in the various levels of attention. It is up to professionals and managers identify the particularities of the needs of these individuals, the reasons that result in lower demand for health services and strategies that can enhance the access of same.

In addition, researchers⁽¹⁰⁾ have emphasized the risk arising from the super exploitation of medical consultations, which results in loss of resolution services, weakens or prevents the formation of links between users and health professionals, leads to lack of accountability of the professionals with the global health of the users and the dissatisfaction with the assistance⁽¹⁾.

Regarding the competence and duties of managers, each sphere of government has a set of assignments, being that it is the responsibility of municipal managers plan, organize, control and evaluate the actions and health services, manage and run public

services of health, participate in the planning, programming and organization of regionalized network and hierarchical SUS, read in conjunction with the State Directoras well, in addition to standardize actions and public health services in scope of expertise in health care, among other functions⁽²⁾.

In this context, emerges the ESF, which aims to promote changes in current health policy, through deployment of multidisciplinary teams who work in the field of health promotion, prevention, recovery, rehabilitation of illnesses and diseases more frequently. This strategy came about in order to organize the expansion and qualification of the AB, in seeking to overcome the old assistencial model centered on the disease, having as main principles the completeness, quality of care, equity and social participation⁽¹¹⁾

Strengthening the ESF could assist with the rupture of the hegemonic model of biomedicine and contribute through their multiple actions on consolidation and qualification of PNAISH. It is understood that interdisciplinary work, link and host of men, carrying out actions in the field of health education, are some of the strategies capable of ensuring qualified actions and continue to effectively contribute to human health.

In this context, managers develop a unique role in strengthening/weakening of AB, are partly responsible for the implementation of health policies in the municipal sphere.

The Manager carries out the planning, organization and evaluation of the actions of the municipality, becoming a determinant for consolidation of PNAISH. It is your responsibility to seek partnerships with other spheres of Government, to qualify health teams for implementation of the activities proposed in the PNAISH. The AB stands out as a primary input port of the individuals in the health system is committed to the logic of completeness to rescue the population as coparticipante on impulsion of new assistance and managerial opportunities geared to improving the quality of life^(2,12-13).

For this purpose there is a need for active participation, in the search for resources, the formulation of partnerships, on concern about the training of professionals, and mainly in the action planning and setting goals. Without stock planning and establishment of goals and targets, there's no way to measure the effectiveness of the assistance⁽²⁾.

The city manager of SUS is who regulates the implementation of policies in their municipality of comprehensiveness, as well as has a duty to inspect if the SUS principles are being respected. It is also of utmost importance that the Manager and his coaching staff in health with other fans, talk about the man's health and include this in the Municipal Health Plan and also in Integrated Employment Programming (IEP), so you can set goals and have the financial resources to actions and trainings of the team in men's health, as well as setting timelines and indicators that they wish to be reached.

Studies⁽¹⁴⁻¹⁵⁾ have discussed emphatically the need of co-responsibility and the construction of autonomy outside the care. This should be discussed as an essential factor in the construction of health practices, understands that the care requires the involvement of users, health professionals and managers. The autonomy is the amplitude of the organizational and collective health clinic and, consequently, management models and attention.

We highlight that for the operationalization and qualification of the SUS is necessary to transform the assistencial model, initiating the process of changing the design of the priorities and needs according to their social actors (users, managers, health professionals, community, among others).

CONCLUSION

The analysis of the collected data shows fragility of information and knowledge about the PNAISH exposed by study subjects. The concern of managers are guided in their actions directed, almost exclusively in the detection of prostate cancer and offer specialist medical consultations and SAH control activities and DIA.

It is evidenced the need for greater discussion and qualification of managers about the Pact for health and the politics. In addition, it is noticed that the PNAISH requires financial investments, greater monitoring of actions taken, wide-ranging debate among local, State and federal agencies, to raise awareness about the importance of prevention activities and health promotion, among other things. In addition, managers have found difficulty in using the legal provisions as guiding the actions of health, especially in the conduct of specific strategies aimed at the promotion of human health.

The limitations of this study do not allow to affirm that the data found in reality searched can be generalized. However, the research points to the need for further investigation, involving managers, if possible, professionals and users who can provide more subsidies for guidance of implementation of actions aimed at priority integral and humanized assistance to men.

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